


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006043 AT

<b>DOCUMENT # A99000002115</b> 1. Entity Name <b>MJB CAPITAL, LIMITED PARTNERSHIP</b>	
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FILED

2003 APR 23 PM 12: 38

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>308 TIMBERLINE TERRACE ORMOND BEACH FL 32174</b>	Mailing Address <b>308 TIMBERLINE TERRACE ORMOND BEACH FL 32174</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-3615713</b>	
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>PALMETTO CHARTER SERVICES, INC.</b> <b>150 MAGNOLIA AVENUE</b> <b>DAYTONA BEACH FL 32114</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,630,329.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>2,630,329</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # <b>L99000008937</b> NAME <b>MJB CAPITAL MANAGEMENT, L.L.C.</b> STREET ADDRESS <b>308 TIMBERLINE TERRACE</b> CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <b>500016797655</b> <b>04/23/03--01050--001 **526.25</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date **4-14-03** Daytime Phone # **386-672-3349**

STAPLE CHECK HERE

CR2E003 (10/02)